



Expanding Performance Measurement to Include Patients' Experience of Self-Management Support

Overview

The experiences of people with chronic conditions can be more fully taken into account in assessing the quality of their health care, as the result of a study by the Pacific Business Group on Health (PBGH).¹ The research, funded by the California HealthCare Foundation (CHCF), asked chronically ill patients about the self-management support they were receiving from their health care providers, and correlated those findings with a number of process-of-care measures as well as clinical outcome measures. Conducted in 2007 to 2008, the study had three goals:

- Characterize chronic care performance across California medical groups;
- Identify opportunities for improvement; and
- Contribute to a chronic care performance feedback mechanism for providers.

Using a large statewide sample and integrating patients' perspectives, the researchers established that self-management support in chronic illness is a distinct aspect of health care quality, and identified some key variables in its effectiveness. The study is important because, although surveys routinely ask patients about general aspects of their care experience, self-management support for people with chronic illness had not been specifically addressed.

Focus on Patient Experience

Because chronic conditions affect a significant share of the population, they loom large in any effort to improve health care and population health. Those who live with these conditions bear

the major responsibility for managing them, with health care providers playing important supportive roles. Accordingly, self-management support has been recognized as a key component of good chronic care, and is part of the widely used Chronic Care Model developed by Dr. Ed Wagner and colleagues in the 1990s.² To help determine how health care organizations can integrate self-management support into primary care services, CHCF funded demonstration projects in several communities from 2007 to 2008.³

The PBGH study included more than 150,000 randomly selected patients of 174 medical groups throughout California. Of the patients, 41 percent (about 61,000 people) indicated they had a chronic condition. The analysis focused mainly on patients with one or more of seven conditions: asthma, diabetes, hypertension, cardiovascular disease, back pain, depression, and arthritis. In addition to the standard questions about patients' experience of care, the researchers developed three additional questions for respondents with chronic illness in order to gauge what forms of self-management support they were (or were not) experiencing:⁴

- Did your provider give you clear instructions on managing your health condition?
- Did your provider work with you to set personal goals to manage your health condition?
- Did your provider help you to figure out ways to overcome things that got in the way of managing your health condition?

The questions were asked not just about the physician leading care but also about every member of the self-management-support team.

The researchers used performance measures in the Healthcare Effectiveness Data and Information Set (HEDIS)⁵ to look at aspects of these patients' clinical care—for example, whether those with diabetes had an annual blood sugar test. They then correlated the findings on experiences of self-management support with the clinical process measures and with clinical outcomes (for example, the blood sugar levels of those with diabetes), and compared the self-management support scores to other aspects of patient experience.

In addition, the researchers compared the self-management support experiences of people with different chronic conditions; the scores for primary care providers and various specialties; and the scores for medical groups that did and did not use teams to provide self-management support. The key findings are described below.

Key Findings

- The scores for patients' self-management experiences were lower than those for any of the areas of patient experiences including quality of physician-patient interactions, coordination, office staff, and access to care.
- On average, about 70 percent of California patients with chronic conditions reported getting self-management support from their health care providers. The experiences of people with different conditions varied, with diabetes scores significantly higher than the others.
- Medical practices varied widely in the extent to which they provided self-management support and the specific chronic conditions for which they provided it. Primary care physicians seemed to do a better job for those with cardiovascular disease,

back pain, and arthritis, while specialists received better patient experience scores for asthma, diabetes, and hypertension. Overall, the findings point to considerable room for improvement in this important aspect of chronic care.

- Chronically ill patients who saw multiple types of providers for their condition, in addition to their doctor, including nurses, nurse practitioners, nutritionists, and/or physical therapists, reported higher self-management results.
- There is evidence of a relationship between providers' patient self-management support and clinical outcomes for the chronically ill. More work is needed to understand the strength and nature of this relationship.

Summary: What Does This Mean?

The study established self-management support as a distinct and measurable component of chronic care—one that can be gauged from the patient's perspective. The findings provide early evidence of ways to improve and measure chronic care. The following are examples:

- Providers can improve self-management support by using multiple members of the health care team, bringing a variety of clinical skills and support approaches.
- Medical groups can work with targeted groups of physicians to improve care experiences for specific chronic conditions based on results from the patient experience surveys.
- Those responsible for evaluating and/or rewarding health care quality can measure self-management support as a component of chronic care.
- Researchers have new insight into opportunities to refine research techniques—for example, to identify what forms of self-management support are most effective and what factors strengthen the impact of clinical processes on health outcomes.

Looking ahead, people with chronic conditions ideally would be able to use such information to understand what kind of self-management support to look for and to choose a health care provider based in part on that information.

ENDNOTES

1. Sequist, et al., “Measuring Physician Delivery of Self-Management Support in Chronic Disease Care,” *Journal of General Internal Medicine*, Published online June 9, 2009 (www.springerlink.com/content/7418213m1328t468/fulltext.pdf?page=1).
2. The Chronic Care Model was developed by Ed Wagner, M.D., and colleagues at the MacColl Institute for Healthcare Innovation. For more information, see: centerforhealthstudies.org/maccoll/maccoll_experience.html.
3. *Promoting Effective Self-Management Support to Improve Chronic Disease Care: Lessons Learned*. CHCF, April 2008 (www.chcf.org/topics/chronicdisease/index.cfm?itemID=133622).
4. The questions are slightly paraphrased for clarity.
5. HEDIS is a tool maintained by the National Committee on Quality Assurance that measures performance on important dimensions of care and service.

INTERVIEWS

Ted von Glahn, M.P.H., director, performance information and consumer engagement, Pacific Business Group on Health, interviewed November 6, 2008.

Thomas Sequist, M.D., assistant professor of medicine and health care policy, Harvard Medical School, interviewed November 12, 2008.

Dana Safran, Sc.D., vice president, performance measurement and improvement, BlueCross BlueShield of Massachusetts; associate professor of medicine, Tufts University School of Medicine, interviewed November 24, 2008.

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